

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital, 11
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4016 Maffitt Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ruby Mays Hans
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife late August Hans
 6. (c) Age of husband or wife if alive 23rd. years
 7. Birth date of deceased May 23rd. 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>10</u>	<u>7</u>	hr. min.

9. Birthplace Ill /
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

11. Industry or business.....
 12. Name Jacob Hauversburk
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Frances Klock
 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Claude Hans
 (b) Address 4016 Maffitt Ave.
 17. (a) Burial (b) Date thereof 4-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Staunton, Ill.

18. (a) Signature of funeral director Hy. Leidner U. Co
 (b) Address 2223 St. Louis Ave.
 19. (a) APR 1 1945 (Date received local registrar)
J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
 year 1945 hour 6 minute - A.M.
 21. I hereby certify that I attended the deceased from March 14, 1945, to March 30, 1945;
 that I last saw her alive on March 30, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Subacute bacterial endocarditis
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 9/12

Major findings:
 Of operations.....
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....
(Specify type of place) (e) Means of injury
 23. Signature J. F. Bradley (M. D. or other)
 Address Barnes Hospital Date signed.....

Duration.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.